

# IMPORTANT INFORMATION ON VETERAN FOR SURVIVORS

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (state) (zip)

Date of Enlistment \_\_\_\_\_ Place \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Place \_\_\_\_\_

Branch of Service \_\_\_\_\_ Serial No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Place \_\_\_\_\_

Life Insurance:

U.S. Government \_\_\_\_\_ Policy No. \_\_\_\_\_

\_\_\_\_\_ Policy No. \_\_\_\_\_  
(company) (amount)

VA Claim No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Receiving Compensation (amount) \_\_\_\_\_ Pension (amount) \_\_\_\_\_

VA Office where veteran's records are maintained \_\_\_\_\_

Service Discharge \_\_\_\_\_

Marriage License \_\_\_\_\_

Insurance Policies \_\_\_\_\_

Mortgage Papers \_\_\_\_\_

Financial Agreements or Investments \_\_\_\_\_

Bank Accounts \_\_\_\_\_

Type of Funeral (Military or other) \_\_\_\_\_

Cemetery \_\_\_\_\_